

ISSUE SLIP STAFF AREA (For additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       | M DN     | 8      | 09-07-01 |
| FORMALITY REVIEW          | 16       | 1024   | 10/3/01  |
| RESPONSE FORMALITY REVIEW | ET       | 3088   | 11/30/01 |

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 - ..... Restricted O ..... Objected

| Claim    | Date    |
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| Final    |         |
| Original | 2/18/04 |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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BEST AVAILABLE COPY

1024

90-859  
 10/4  
 2851  
 1-301  
 425  
 10/4/01